

T S A W A I V E R R E Q U E S T F O R M  
D C F L I G H T R E S T R I C T E D Z O N E ( F R Z )  
(Version 080304)

Fax completed forms to (571) 227-1945.  
WAIVER APPLICATIONS REQUIRE A MINIMUM OF SEVEN DAYS TO PROCESS  
Incomplete or illegible information may result in delays in the processing of this application.

**I. COMPANY/AIRCRAFT INFORMATION:** PREVIOUS WAIVER # \_\_\_\_\_

Name of Company: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street Address City/State Zip Code

Company Telephone No. \_\_\_\_\_ Company Fax No.: \_\_\_\_\_

(Required) Name of Requestor \_\_\_\_\_ Telephone Number of Requestor \_\_\_\_\_

Purpose of Flight: \_\_\_\_\_

Please specify whether flight is Cargo, Passenger or Both \_\_\_\_\_

Type of Aircraft \_\_\_\_\_ Aircraft Call Sign \_\_\_\_\_

Registry/Tail Number \_\_\_\_\_ Aircraft Maximum Certified Takeoff Gross Weight: \_\_\_\_\_

**II. PILOT INFORMATION**

(Note - Place of Birth: If US, list City and State; if foreign, list City and Country)

Last Name	First Name	Middle Name	Date of Birth (MMDDYYYY)	City/Country of Birth	Passport Number (Use Text Format)	Passport Country of Issuance	If US provide Green Card # and/or SSN

**III. CREW AND PASSENGER INFORMATION**

(Note - Place of Birth: If US, list City and State; if foreign, list City and Country)

Last Name	First Name	Middle Name	Date of Birth (MMDDYYYY)	City/Country of Birth	Passport Number (Use Text Format)	Passport Country of Issuance	If US provide Green Card # and/or SSN

**IV. FLIGHT ITINERARY:**

List all legs of flight (4 letter identifiers/ICAO code only) with dates of travel: (Example: Feb 14 – 23. KMIA-LFPB-KMIA.)

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Authority: 49 U.S.C. § 40103(b) (3) and 49 U.S.C. § 114. FOIA

Purpose: This information primarily will be used to conduct background checks on crewmembers and passengers on flights for which waivers of flight restrictions have been sought from the FAA. You are not required to provide this information, however, failure to do so may result in a denial of the waiver request for the flight, or denial of permission for you to board a flight for which a waiver has been granted.

Routine Uses: This information may be provided to third parties, including government contractors and other governmental agencies, as necessary to conduct the background checks. It also may be provided to governmental agencies when relevant for criminal and civil investigations concerning threats to civil aviation security or violations of law, rule or regulations.

The information I have provided on this application is true, complete, and correct to the best of my knowledge and belief and is provided in good faith. I understand that a knowing and willful false statement, or an omission of a material fact, on this application may be punished by fine or imprisonment or both (see section 1001 of Title 18 United States Code), and may be grounds for denial of a waiver request or suspension or revocation of a waiver and other penalties.

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**SECURITY STATEMENT**

Aircraft Registration Number: \_\_\_\_\_

Aircraft Type: \_\_\_\_\_

- I. **AFFIRMATION: Requestor must affirm to each of the following. On the date of the proposed flight:**  
Please check (X) each requirement

\_\_\_\_\_ Access to the aircraft has been properly controlled by company representative(s).  
\_\_\_\_\_ A senior company representative has verified the identity and authorization of each crewmember and passenger.  
\_\_\_\_\_ Only authorized passengers are on board the aircraft.  
\_\_\_\_\_ The aircraft will not deviate from the approved air traffic flight plan.  
\_\_\_\_\_ The pre-flight inspections include a search of the cargo and cabin areas to ensure no foreign objects, explosives, etc. have been placed on board.

- II. How is the aircraft secured when not operational? (Locked hanger, fenced area with gate access, security guards, etc)

- III. How are the personnel on board vetted/positively identified/security reviewed before boarding the aircraft?

- IV. Additional security measures taken, if any:

- V. **SIGNATURE OF CORPORATE SECURITY DIRECTOR, COMPANY PRESIDENT, EQUIVALENT OR DESIGNEE.**

Signature	Title
Date	Contact Telephone Number

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